



Lewis County Sheriff's Office

Support Volunteers

Lewis County Sheriff's Office ▪ 345 W. Main St., Chehalis, WA 98532 ▪ (360) 748-9286

PURPOSE

To specify procedures, rules, and regulations that guides the overall operation of the Lewis County Sheriff's Office Support Volunteer program.

POLICY

Support Volunteers provide valuable and necessary additional services to the Lewis County Sheriff's Office on a daily basis. In order to maximize the productivity of this program, the following procedures and regulations are established.

ELIGIBILITY

Support Volunteers must be at least eighteen years of age or fourteen if a parent is an active volunteer; pass a background check; and have established a consistent pattern of responsible citizenship and use of good judgment as evidenced by the absence of any of the following in your background.

- Convictions for an offense that is a felony in Washington State.
- Convictions for a gross misdemeanor offense in the past (7) years.
- Convictions for a misdemeanor offense in the past five (5) years.
- Convictions for any domestic violence offense.
- Convictions for any charge/offense that shows aggression toward or disrespect for police officers.
- Indicators that your integrity, honesty, character or work habits would be incompatible with the ethical standards and values of the Lewis County Sheriff's Office.

APPLICATION/STEPS TO BECOMING A VOLUNTEER

- Complete and sign the volunteer application and waiver form, mail or submit in person to the Sheriff's Office
- Successfully pass a criminal history and driver's license check.
- Provide three character references.
- Successfully complete an interview with the Volunteer Review Board.
- Understand and agree to the terms and conditions of volunteering for LCSO.
- Successfully complete volunteer orientation, training, and probation.

Lewis County Sheriff's Office Support Volunteer Program

The Lewis County Sheriff's Office Support Volunteers are invaluable to the Sheriff's Office. They contribute to the ability of the commissioned officers to perform the duties of their positions and provide a service that contributes to the quality of life in our community. They help make Lewis County a great place to live, work and raise our families by supporting the Mission and Code of Ethics of the Lewis County Sheriff's Office.

Minimum Requirements for Lewis County Sheriff's Office Support Volunteers:

*Support Volunteers must be able to commit two to four hours per week (depending on position) for a minimum of six months.

*Support Volunteers must be at least 18 years of age, **or 14 years old with a parent who is an active Support Volunteer.**

*Support Volunteers must be able to successfully complete a background check, which includes both reference checks and a criminal history check.

*Support Volunteers must support the Lewis County Sheriff's Office and comply with confidentiality requirements and department policies and procedures.

*Support Volunteers must attend monthly meetings (first Tuesday of the month), from 5:30 p.m. to 7:00 p.m. Training sessions may be offered on different times and dates. Support Volunteers are notified ahead of time of these dates and times.

LCSO offers a variety of Support Volunteer opportunities such as:

Administrative Support:

- Photo/Document scanning
- Filing
- Volunteer Program Management/Liaison

Public Information Programs:

- Crime Prevention
- Neighborhood Watch
- Sex Offender Reporting Program
- Prescription Drug Awareness

Crime Prevention:

- Watch Patrol
- Crime Prevention through Environmental Design
- "Prevent Crime, Lock Your Door Every Time"

Community Events/Security

- STP Bike Ride
- SWW Fair/ Youth Fair
- Child ID program
- Safety City
- Special Assignments



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APPLICATION

(Please print or type)

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Home Address _____

Mailing Address _____

City _____ State _____ Zip _____

Date of Birth _____ Other names used _____

Home Phone _____ Cell _____

Work Phone _____ Message _____

Email Address _____

EDUCATION BACKGROUND AND MILITARY EXPERIENCE

Please circle the highest level of education completed:

High School 1 2 3 4 College 1 2 3 4 5 6 7 8

Degrees or certificates earned _____

Military Service Branch _____ Rank _____ Time Served _____

Date Discharged _____

Do you speak or read a foreign language? Yes No If so, list: _____

CRIMINAL HISTORY AND DRIVING RECORD

Washington Driver's License Number _____

Has your license ever been suspended or revoked? Yes No

Traffic citations and accidents for the last 5 years: _____

Have you ever been questioned, detained, arrested, and investigated, warned or issued a citation for any misdemeanor or felony, other than traffic, either as an adult or juvenile? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain:

QUESTIONNAIRE

1. ☐ Yes ☐ No Have you ever been fired, discharged, or asked to resign from any position?
2. ☐ Yes ☐ No Have the police ever been called to your home?
3. ☐ Yes ☐ No Have you ever committed any criminal violation that has gone undetected?
4. ☐ Yes ☐ No Have you or your spouse ever been sued or summoned into court?
5. ☐ Yes ☐ No Do you now or have you ever had any gambling debts?
6. ☐ Yes ☐ No Have you ever used an employer's money to gamble with?
7. ☐ Yes ☐ No Have you ever had an F.B.I. fingerprint check done for any reason?
8. ☐ Yes ☐ No In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy?
9. ☐ Yes ☐ No Would you have difficulty working with members of the opposite sex, different origin, race, religion, or nationality?
10. ☐ Yes ☐ No In any job that you've held, have you been involved in any physical or major verbal confrontations?
11. ☐ Yes ☐ No Would you be able to follow direct orders, even though you may not agree with them?
12. ☐ Yes ☐ No In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition?
13. ☐ Yes ☐ No Have you ever operated a motor vehicle while under the influence of alcohol or drugs, to the point that you knew you should not have been driving?
14. ☐ Yes ☐ No Have you ever had your license revoked, suspended, or restricted?
15. ☐ Yes ☐ No Have you ever had any of your financial obligations turned over to a collection agency?
16. ☐ Yes ☐ No Have you ever been placed on court supervision or probation?
17. ☐ Yes ☐ No Have you ever had any court proceedings expunged?

Please use this area to explain your Yes answer to questions 1-17.

[illegible]

REFERENCES

List 3 individuals you have known for at least 5 years. Please list name, complete address, and telephone number. **DO NOT USE FAMILY MEMBERS AS REFERENCES.**

1. Name _____

Phone _____

Street Address, City, State, Zip _____

2. Name _____

Phone _____

Street Address, City, State, Zip _____

3. Name _____

Phone _____

Street Address, City, State, Zip _____

CURRENT EMPLOYER (Please fill out completely)

Firm Name _____ Supervisor _____

Street Address, City, State, Zip _____

Phone _____

VOLUNTEER INTEREST

How much time do you have to volunteer? (Please circle)

Hours per week

Hours available

Days available

5 10 15 20 +

M T W Th F Sat Sun

Areas interested in volunteering in _____

List any skills or interests which would assist in placing you in an appropriate assignment (attach additional sheets if necessary).

List any memberships in any community organizations and previous/present volunteer experience.

Briefly state why you wish to volunteer your time to the Lewis County Sheriff's Office.
(Use additional sheet) This question must be answered.

EMERGENCY CONTACT

List persons to notify in case of an emergency:

Name_____Relationship_____

Street Address, City, State_____

Home Phone_____Work Phone_____

Cell Phone_____

Name_____Relationship_____

Street Address, City, State_____

Home Phone_____Work Phone_____

Cell Phone_____

THIS SECTION FOR SPANISH SPEAKING RIDE ALONG AND INTERPRETER PROGRAM APPLICANTS ONLY

Are you willing to be called out any time of day if needed? ☐ Yes ☐ No

Can we call you at your place of employment if needed? ☐ Yes ☐ No

If you have questions please call Melody Nelson, LCSO Volunteer Coordinator, (360) 740-1450 or Tony Perdue, Volunteer Liaison, (360) 508-0469



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INFORMATION AUTHORIZATION

I hereby authorize any city, county, state, former employer, or any other agency to furnish to any member of the Lewis County Sheriff's Office any information considered necessary for the purpose of processing this questionnaire. A copy of this authorization shall be considered as valid as the original. I consent to the Lewis County Sheriff's Office performing a background check into my history in accordance with RCW 43.43.834, and waive any right of privacy I may have in such information for the limited purpose of the Lewis County Sheriff's Office considering it for determining my suitability as a volunteer.

Signature: _____ Date: _____

LETTER OF UNDERSTANDING AND HOLD HARMLESS AGREEMENT

I understand that I am not an employee of the Lewis County Sheriff's Office. I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits other than set out below. I further acknowledge that I am a volunteer for purposes of the Fair Labor Standards Act. I wish to volunteer my services to the Lewis County Sheriff's Office and/or observe members of the Lewis County Sheriff's Office perform their duties. I understand that my status as a LCSO volunteer may be revoked at any time. In consideration of the above granted authority to observe and other good and valuable consideration, I, my assigned heirs, executors, or agents hereby agree to hold the Lewis County and the Lewis County Sheriff's Office harmless. I agree to indemnify Lewis County, the Lewis County Sheriff's Office, and their agents and employees from any and all claims, damages, losses, and expenses arising out of the above described observations, volunteer work, and related activities, which is for bodily injury, illness or death, or property loss of use.

Signature: _____ Date: _____

SUBSCRIBED AND SWORN TO BE ME on this date, the ____ day of _____, 20__.

If you are under 14 years of age, please have your parent or legal guardian sign below.

By signing for my son or daughter, I understand he or she will be required to commit time to this program in Lewis County. I also understand a background check will be completed by the Lewis County Sheriff's Office.

Signature: _____ Date: _____

Parent or Guardian of: _____

Please return this application to the Lewis County Sheriff's Office, 345 West Main Street, Chehalis, WA 98532.

FOR OFFICIAL USE ONLY

Date Received: _____

Spillman Information: _____ Employee #: _____

NCIC III/WACIC: _____

Driver's Check: _____

Chief Deputy Signature: _____

Volunteer Coordinator: _____

Person Conducting Background Check: _____

Date Completed: _____